

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597436

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5	/		/			
6	/		/			
7		3		/		
8		2		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
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43				/		
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47				/		
48				/		
49				/		
50				/		
TOTAL	6		6			
TOTAL DEP.	14		32			
TOTAL CLAIMS	20		38			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
IND.						
TOTAL DEP.						
TOTAL CLAIMS						